

FORM NO. 3

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WAS

N. B. McCaw, of Columbia.

McCaw.

<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 3
(1) PLACE OF BIRTH County of <u>Abbeville</u> Township of _____ or Inc. Town of _____ or City of <u>Abbeville</u> Registration District No. <u>1-A</u> Registered No. <u>3</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)		
(2) Full Name of Child <u>James Orene Evans</u> { If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Child</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>
(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>May 13</u> , 191 <u>5</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		
(8) FULL NAME <u>LeRoy Link Evans</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>		
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Abbeville S.C.</u>		
(13) OCCUPATION <u>clerk</u>		
(20) Number of children born to mother, including present birth { <u>1</u>		
<b>MOTHER.</b>		
(14) NAME BEFORE MARRIAGE <u>Fannie May</u>		
(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u>		
(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(18) BIRTHPLACE <u>Abbeville S.C.</u>		
(19) OCCUPATION <u>Housewife</u>		
(21) Number of children of this mother now living, including present birth { <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>		
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5.45 a. m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)		
(23) (Signature) <u>H. H. Kupper</u>		
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Abbeville S.C.</u>		
Given name added from a supplemental report _____		
_____, 191...		
_____ Registrar		
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____		
(27) Filed <u>Jan 16th</u> 191 <u>5</u> (28) <u>J. G. Perrin</u> Local Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.		
_____ Registrar _____ Local Registrar		
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